



Date of Application: _____

Teen Advisory Board Application

Thank you for your interest in the Teen Advisory Board (TAB) Program. Teens in Grades 9-12 are invited to apply to the Teen Advisory Board. Please fill out and return to the Cragin Memorial Library circulation desk. Please contact Heidi Sacchitella or Mary Richardson if you have any questions. hsacchitella@colchesterct.gov or library@colchesterct.gov or call 860-537-5357.

PLEASE PRINT

Name: _____

Address: _____

Date of Birth: _____ Age: _____ School: _____ Grade: _____

Phone/Cell number: _____ text: Y or N

Email: _____

What is the best way to contact you? _____

Along with participating in TAB, I would also be interested in the following:

- ☐ Write and share book reviews for teen books
- ☐ Suggest books and help create booklists for the teen section.
- ☐ Assist in decorating or make suggestions for decorating the teen/young adult area.
- ☐ Help the library plan programs for teens including the Teen Summer Reading Program.
- ☐ Volunteer to help at special events and programs for young children and teens, including set-up and clean-up.
- ☐ Read to younger children during the library's story times and/or programs.
- ☐ Preparing simple crafts and materials to be used during programs and events.
- ☐ Other: _____

TAB members will be encouraged to attend regular meetings.

Please select which day(s) would work best for you and estimate the time of day.

☐ Monday: Afternoon _____ Evening _____

☐ Wednesday: Afternoon _____ Evening _____

☐ Thursday: Afternoon _____ Evening _____

Signature _____

Parent/Guardian Signature _____

In case of emergency, please contact: Name _____ Work Phone _____